



South Carolina Department of Insurance

MARK SANFORD

Governor

Office of Alternative Risk Transfer Services

Capital Center

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SCOTT H. RICHARDSON, CPCU

Director of Insurance

APPLICATION FOR AUTHORIZATION AS AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT FOR CAPTIVE INSURANCE BUSINESS (other than SPFC)

SECTION ONE: GENERAL APPLICANT INFORMATION

I, the undersigned, hereby apply for authorization as an independent certified public accountant for the transacting of audits for captive insurance companies.

1. Name of Applicant:

2. E-Mail Address for Applicant:

3. CPA Firm Address:

4. Education and Degree(s):

College:

Graduate or Professional:

5. List all insurance and/or captive auditing experience for the past 15 years, including specific dates:

6. List the captive account(s) you will be auditing:

7. Present Chief Occupation:

Position or Title:

Years in current position:

Employer's Name:

Address:

Total time with this employer:

**APPLICATION FOR AUTHORIZATION AS AN INDEPENDENT CERTIFIED PUBLIC
ACCOUNTANT FOR CAPTIVE INSURANCE BUSINESS (other than SPFC)**

Page 2:

8. Has applicant ever been arrested, or indicted for, or convicted of any crime or offence other than a minor traffic violation? Y ☐ N ☐ If yes, submit a detailed explanation of each case and the disposition of each case thereof.
9. I control directly or indirectly, or own legally or beneficially the outstanding stock of the following insurers:
10. I currently hold the following insurance license(s):
11. Have you ever had a license or privilege refused or revoked by an Insurance Department?
Y ☐ N ☐, if yes provide the full details of the case.
12. Are you currently licensed as a CPA? Y ☐ N ☐. If yes, what state(s):
13. Has your license as a CPA in this or any other state ever been suspended or revoked? Y ☐ N ☐
If yes, provide the full details of the action.
14. Will you assign captive accounting functions only to individuals that have a minimum of two years insurance auditing experience? Y ☐ N ☐

SECTION TWO: ATTACHMENTS AND EXHIBITS
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Please attach the following documents as exhibits to this application form:

1. A copy of your resume or curriculum vitae
2. A certified copy of any disciplinary orders issued, involving you, from any professional organization to which you belong
3. Copies of all professional licenses you hold
4. If you are not licensed in South Carolina according to the Code of Laws of SC section 40-2-35 you must provide evidence your firm is registered in SC and you qualify per code section 40-2-245.
5. Copies of the resumes and curriculum vitae of all persons who would be employed or assigned auditing work by you
6. Any other information deemed necessary to evaluate your qualifications to serve as an independent certified public accountant by the Director or his designee

**APPLICATION FOR AUTHORIZATION AS AN INDEPENDENT CERTIFIED PUBLIC
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Page 3:

CERTIFICATION

I hereby certify that my responses to the above are true, correct and complete. I have read and understand all the requirements and provisions of the 2000 S.C. Act No. 33 1

(No Fee Required) Signed:

Dated:

Subscribed and sworn before me this day of ,

Signature of Notary Public:

(Notary Seal) Notary Public Authorized by law of the State of:
to administer oaths. My commission expires on: